

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE FRONT PAGE ONLY

BUSINESS NAME: Kate's Corner Family Child Care Home
BUSINESS STREET ADDRESS: 10940 S.W. 29th Court ZIP 33328
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: (954) 472-3208
DESCRIBE TYPE OF BUSINESS: CHILD CARE / ~~DAYCARE~~
BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>MARY S.K. CORBETT</u>	<u>10940 SW 29th Ct</u>	<u>DAVIE</u>	<u>472-3208</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Federal ID Number or Social Security Number 15-0077
Square Footage of Business At This Location: Office (Home) Warehouse _____
Number Of Full-Time Employees At This Location 1 Part-Time Employees 2
What Was Previous Use Of Business Location N/A

Industrial/Manufacturing Areas: Is your wastewater system Septic ☒ Sewer _____

I understand that this is an application for and occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license, upon receipt, is valid until September 30, 01 and must be renewed before each October 1st.

MARY S.K. CORBETT Mary S.K. Corbett
Print Owner or Officers Name and Title Signature of Owner or Officer

8/00 MAXIMUM OF 6 PRE-SCHOOL AGE.